

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-017468

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 317

Primary Registration District No. 544

Registrar's No. 1315

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

14003

240032

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9170X

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1290-0

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. **FILED WITH MAY 9 1962**

a. COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Kirkwood

Length of stay in lb  
20 years

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION 404 Altus

Inside Limits  
Yes ☒ No ☐

c. CITY OR TOWN Kirkwood

d. STREET ADDRESS (If outside, give location)  
404 Altus

Inside Limits  
Yes ☒ No ☐

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First Middle Last  
IRENE ANNA LOUISE BUSCH

4. DATE OF DEATH  
Month Day Year  
April 27 1962

5. SEX  
Female

6. COLOR OR RACE  
White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
6-13-1904

9. AGE (last birthday)  
57

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Housewife

10b. KIND OF BUSINESS OR INDUSTRY  
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11. BIRTHPLACE (City and state or country)  
St. Louis

12. CITIZEN OF WHAT COUNTRY  
U.S.A.

13a. FATHER'S NAME

Ernst Moeser

13b. MOTHER'S MAIDEN NAME

Carrie Mollmann

14. NAME OF HUSBAND OR WIFE

Theodore F. Busch

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
no

16. SOCIAL SECURITY NO.

17. INFORMANT  
Address  
Theodore F. Busch 404 Altus, Kirkwood

19. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Generalized Carcinoma - Primary of breast

INTERVAL BETWEEN ONSET AND DEATH  
5 YRS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Nov 19 61 to April 28, 1962 and last saw him alive on 3-29-62  
Death occurred at 10 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR MITTELBERG GERBER

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

COLONIAL CHAPEL

4-28-62

John E. Smith, M.D.

WEBSTER GROVES 19, MO (Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Robert M. Murray*

Licensed Embalmer No. 3749

P. O. Address St. Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.